

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, January 8, 2020
1:00 pm

Attendance

Kevin J. Mullin, Chair
Susan J. Barrett, JD, Executive Director
Michael Barber, General Counsel
Robin Lunge, JD, MHCDS
Maureen Usifer
Jessica Holmes, PhD (*absent*)
Tom Pelham

Executive Director's Report

Chair Kevin Mullin called the meeting to order at approximately 1:00 pm. Susan Barrett announced that on Wednesday, January 15, 2020 at 1:00 pm there will be a Primary Care Workforce Panel held by the GMCB. The January 2020 Board Meeting schedule can be seen [here](#) on the GMCB website. The GMCB Annual Report is due on January 15, 2020.

Minutes

The Board voted (4-0) to approve the minutes from December 18, 2019.

Rural Health Services Task Force (RHSTF) Report and Recommendations

Agatha Kessler, Health Policy Director, GMCB, RHSTF Staff
Robin Lunge, Board Members, GMCB, RHSTF Chair
Laura Pelosi, Partner, MMR, RHSTF Long-Term Care Facilities Representative
Jill Olson, Executive Director, VNAs of Vermont, RHSTF Vermont Home Health Agencies Representative

Board Member Robin Lunge thanked the staff from the GMCB and the Department of Health for the work done to support the RHSTF and reviewed the table of contents for the RHSTF report and the legislative requirements of the Task Force set forth in Act 26 of 2019. Agatha Kessler reviewed the membership, meetings, and subgroups of the RHSTF. Board Member Robin Lunge explained the context and the environment of the work done by the Task Force, including cost growth, an aging and less healthy population, the efforts of the Vermont All-Payer Accountable Care Organization Model, changing health care, national trends/context, pressures on Vermont, and rural Vermont's challenges. Agatha Kessler explained the financial data and reporting system level slide created by the RHSTF. The three priority areas focused on by the RHSTF were workforce, care management, and revenue stability, with Telehealth impacting all three priorities. The RHSTF agreed to be consistent with prior policy work, inclusive of financial and non-monetary solutions, and beneficial to all health care sectors. The broader economic development challenges that were beyond the scope of the Task Force were transportation,

childcare, and housing. Agatha Kessler explained the graphs of Vermont health care expenditure by residents and by providers. The Vermont Department of Health provided the inventory maps of health care resources that are included in the report.

Laura Pelosi presented the RHSTF's workforce priority. Vermont's health care workforce is aging, there is a decline in licensed professionals, and there are workforce vacancies in every sector. Vermont's health care workforce crisis is driven by several immediate factors including student debt, education and credentialing challenges, licensing challenges, and provider "burn out." Laura Pelosi reviewed the financial impact of vacancies, the actions taken to date, and the recommendations put forth by the RHSTF.

Board Member Robin Lunge reviewed the issues at the entity level with revenue stability. Agatha Kessler explained the financial metrics selected by the RHSTF and the data limitations. The financial metrics chosen were payer mix, days cash on hand, and operating and total margin, and the different sectors were home health and hospice, Federally Qualified Health Centers (FQHCs), designated and specialty service agencies, long term care facilities, independent providers, Vermont free clinics, and hospitals. Board Member Robin Lunge presented the impact of hospital closures on Vermont and the RHSTF's areas of discussion in revenue stability. The examples of targeted revenue suggestions and the examples of reducing administrative complexity have an example from each sector and were not a consensus from the RHSTF.

Jill Olson presented the RHSTF's care coordination priority. A lot of work is currently being done to improve care coordination, and there are still issues that need to be addressed. These issues include investment, payer limitations to telehealth, data and technology tools, and integration of health records. Jill Olson presented some examples of successful care coordination in Vermont and the key themes the RHSTF discussed. There were two slides of recommendations for care coordination, including providing investment in delivery system reform efforts and improving alignment of reporting, screening, and performance indicators.

Agatha Kessler presented the slides on Telehealth. The modalities include Telemedicine, Store and Forward, and Remote Patient Monitoring. Agatha Kessler reviewed the examples of Telehealth, the impact in rural communities, the regional impact and limitations, and the State and Federal initiatives impacting Vermont. There is a draft chart created by the RHSTF on the Telehealth reimbursement in Vermont. Agatha Kessler presented the expansion initiatives and the recommendations put forth by the RHSTF.

The Board Members asked questions and had a discussion with the presenters. The presentation can be seen [here](#) on the GMCB website. The Board voted (3-0-1) to endorse the Rural Health Services Task Force report with the statement "While the Green Mountain Care Board has not studied the Task Forces' recommendations in depth, we support exploring solutions focused on improving the recruitment and retention of the health care workforce, expanding access to telemedicine, and allowing care models to mature. The Board understands that payment and delivery system reform is the path forward to financial sustainability and a retrenchment to fee-for-service payment is inconsistent with federal policy and will only result in greater financial distress for Vermont's health care providers and higher costs to Vermonters." Board Member Robin Lunge abstained from the vote and Board Member Jessica Holmes was not present.

Public Comment

None

Old Business

None

New Business

None

Adjourn

The Board voted (5-0) to adjourn at approximately 2:50 pm.